



PATENT
Attorney Docket No.: EXT-072C1

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SEP 30 2002

TECH CENTER 1600/2900

APPLICANTS: Boles *et al.*
SERIAL NO.: 10/024,944 GROUP NO.: 1634
FILING DATE: December 19, 2001 EXAMINER: Einsmann, Juliet
Caroline
TITLE: Detection of Non-Viral Organisms with SRP RNA

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Box AF, Commissioner for Patents, Washington, DC 20231 on this 18th day of September, 2002.

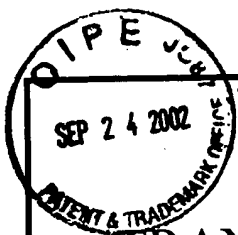
N. Deane
Nicole Deane

BOX AF
Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

1. Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences and/or Submission of Appeal Brief (1 pg.)
2. Amendment and Response (16 pgs.)
3. Petition for Extension of Time Under 37 C.F.R. 1.136(a) (1 pg.)
4. Request for Corrected Filing Receipt (1 pg.)
5. Copy of Filing Receipt with changes made in red (2 pgs.)
6. Transmittal Form (1 pg.)
7. Fee Transmittal (1 pg.)
8. Check in the amount of \$460.00
9. Check in the amount of \$160.00
10. Return Receipt postcard



TRANSMITTAL FORM

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SEP 30 2002

TECH CENTER 1800/2900

| | |
|---------------------------|---------------------------|
| Application Serial Number | 10/024,944 |
| Filing Date | December 19, 2001 |
| First Named Inventor | Boles |
| Group Art Unit | 1634 |
| Examiner Name | Einsmann, Juliet Caroline |
| Attorney Docket No. | EXT-072C1 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

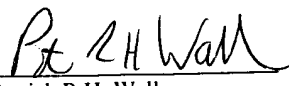
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|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Checks Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <ul style="list-style-type: none">• Request for Corrected Filing Receipt• Copy of Filing Receipt with changes made in red |
|---|--|--|

CORRESPONDENCE ADDRESS

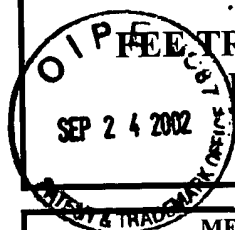
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Respectfully submitted,


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Date: September 18, 2002
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Fax No.: (617) 248-7100



FEE TRANSMITTAL
SEP 24 2002

Complete by 10/02/2001

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Application Serial Number 10/024,944
Filing Date December 19, 2001
First Named Inventor Boles
Group Art Unit 1634
Examiner Name Einsmann, Juliet Carolin
Attorney Docket No. EXT-072C1

SEP 30 2002

TECH CENTER 1600/2900

| METHOD OF PAYMENT | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Checks <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> | | | | <p>3. ADDITIONAL FEES</p> <table border="1"><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td>\$ 460.00</td></tr><tr><td>1440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>320</td><td>160</td><td>Notice of Appeal</td><td>\$ 160.00</td></tr><tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr><tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr><tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr></tbody></table> | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte reexamination | | 110 | 55 | Extension for reply within first month | | 400 | 200 | Extension for reply within second month | | 920 | 460 | Extension for reply within third month | \$ 460.00 | 1440 | 720 | Extension for reply within fourth month | | 1960 | 980 | Extension for reply within fifth month | | 320 | 160 | Notice of Appeal | \$ 160.00 | 320 | 160 | Filing a brief in support of an appeal | | 280 | 140 | Request for oral hearing | | 130 | 130 | Petitions to the Commissioner | | 180 | 180 | Submission of Information Disclosure Statement | | 740 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 740 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | Other fee (Specify) | | | | Other fee (Specify) | | | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 | 200 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 920 | 460 | Extension for reply within third month | \$ 460.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1440 | 720 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1960 | 980 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Notice of Appeal | \$ 160.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 740 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 740 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. FILING FEE</p> <table border="1"><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>740</td><td>Utility filing fee</td><td></td></tr><tr><td>330</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <table border="1"><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$280.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td>0</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table> | | | | Large Entity Fee (\$) | Fee Description | Fee Paid | 740 | Utility filing fee | | 330 | Design filing fee | | 160 | Provisional filing fee | | | Number Filed | Number Extra | Rate | Amount | Total Claims | - 20 = | | x \$ 18.00 = | | Independent Claims | - 3 = | | x \$ 84.00 = | | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | | \$280.00 = | TOTAL: | | | | 0 | SMALL ENTITY DISCOUNT: | | | | | SUBTOTAL (1) | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 740 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Number Filed | Number Extra | Rate | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | - 20 = | | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | - 3 = | | x \$ 84.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | | \$280.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL: | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. AMENDMENT CLAIM FEES</p> <table border="1"><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$280.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td>(\$) 0</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td>(\$)</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table> | | | | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | Total | - | = | x \$ 18.00 = | | Indep. | - | = | x \$ 84.00 = | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$280.00 = | TOTAL: | | | | (\$) 0 | SMALL ENTITY DISCOUNT: | | | | (\$) | SUBTOTAL (2) | | | | (\$) 0.00 | <p>SUBTOTAL (3) (\$ 620.00)</p> <p>SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) \$ 620.00</p> <p>TOTAL (\$ 620.00)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | - | = | x \$ 18.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | - | = | x \$ 84.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$280.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL: | | | | (\$) 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p> | | | | <p>SIGNATURE BLOCK</p> <p>Respectfully submitted, <i>Patrick R.H. Waller</i> Patrick R.H. Waller Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110</p> <p>Date: September 18, 2002 Reg. No.: 41,418 Tel. No.: (617) 248-7240 Fax No.: (617) 248-7100</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



PATENT
Attorney Docket No. : EXT-072C1

#8
CFR

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Boles *et al.*
SERIAL NO.: 10/024,944 GROUP NO.: 1634
FILED: December 19, 2001 EXAMINER: Einsmann, Juliet
Caroline
TITLE: Detection of Non-Viral Organisms with SRP RNA

RECEIVED

SEP 30 2002

TECH CENTER 1600/2900

Office of Initial Patent Examination
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REQUEST FOR CORRECTED FILING RECEIPT

- Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
- There is an error with respect to the following data, which is:

☒ incorrectly entered

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Error In

Correct Data

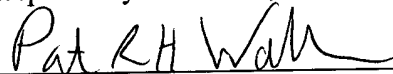
1. ☒ Attorney Docket Number

1. EXT-072C1

Date: September 18, 2002
Reg. No.: 41,418

Tel. No.: (617) 248-7240
Fax No.: (617) 248-7100

Respectfully submitted,


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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------------|----------|------------|------------|
| 10/024,944 | 12/19/2001 | 1655 | 388 | EXT-072-C1 | 7 | 22 | 3 |

EXT-072C1

CONFIRMATION NO. 8399

021323

TESTA, HURWITZ & THIBEAULT, LLP
HIGH STREET TOWER
125 HIGH STREET
BOSTON, MA 02110



FILING RECEIPT



OC000000007404122

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Applicant(s)

T. Christian Boles, Waltham, MA;
Lawrence Weir, Hopkinton, MA;
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Assignment For Published Patent Application

EXACT Sciences Corporation;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CON OF 09/336,609 06/18/1999
WHICH CLAIMS BENEFIT OF 60/090,063 06/19/1998

Foreign Applications

If Required, Foreign Filing License Granted 01/30/2002

Projected Publication Date: 05/09/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

No Docketing Necessary

KFS

2-11-02

Administrator

Date

update UCPI

Reviewed & Approved

Resp. Atty

Date

Detection of non-viral organisms with SRP RNA

Preliminary Class

435

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